

INDEPENDENT LIVING 90-DAY FOLLOW-UP

Use of form: This form must be completed on each youth aged 15-21 years and maintained as part of the youth's permanent record. Ninety-day follow up data is to be collected on youth who have left the Independent Living Program and have not received services for 90 days; aged out of care and have not received services for 90 days; or 90 days have passed since the youth turned 21 years of age. All personal data reported on this form is confidential. Information on independent living services and activities is required by the Federal Administration on Children and Families (ACF) and this form is to be utilized for the purpose of collecting this data. The data must be compiled and reported annually to the Department of Health and Family Services in summary format using the Independent Living 90-Day Annual Summary Data form (CFS-976A).

Name - Participant (Last, First, MI)		Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Separated	Ethnicity Latino / Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other <input type="checkbox"/> American Indian or Alaska Pacific Islander <input type="checkbox"/> Native <input type="checkbox"/> Other	
Education <input type="checkbox"/> Participated in secondary education <input type="checkbox"/> Achieved high school, GED or HSED completion <input type="checkbox"/> Participated in post secondary education (vocational training or college) <input type="checkbox"/> Achieved post secondary certificate / degree <input type="checkbox"/> Obtained driver's license			
Parental Status Yes No <input type="checkbox"/> <input type="checkbox"/> Has the participant ever completed sex education training? <input type="checkbox"/> <input type="checkbox"/> Is the participant a parent? Number of children - _____		Disability <input type="checkbox"/> None <input type="checkbox"/> Learning <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other - Specify. _____	
Employment Status <input type="checkbox"/> Currently employed <input type="checkbox"/> Employed part or full time for less than three consecutive months <input type="checkbox"/> Employed part of full time for more than three consecutive months <input type="checkbox"/> Receiving unemployment compensation <input type="checkbox"/> Participated in paid or unpaid training for at least three consecutive months <input type="checkbox"/> Received vocational certificate or license <input type="checkbox"/> Participant's most recent hourly wage \$ _____			
Length of time participant was in Independent Living Program <input type="checkbox"/> Less than 6 months <input type="checkbox"/> Between 1 and 2 years <input type="checkbox"/> Between 3 and 4 years <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> Between 2 and 3 years <input type="checkbox"/> Between 4 and 5 years			
Total length of time participant was in out-of-home care <input type="checkbox"/> Less than 6 months <input type="checkbox"/> Between 2 and 3 years <input type="checkbox"/> Between 5 and 7 years <input type="checkbox"/> Between 12 and 15 years <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> Between 3 and 4 years <input type="checkbox"/> Between 7 and 10 years <input type="checkbox"/> More than 15 years <input type="checkbox"/> Between 1 and 2 years <input type="checkbox"/> Between 4 and 5 years <input type="checkbox"/> Between 10 and 12 years			
SERVICES RECEIVED DURING REPORT PERIOD (Calendar Year) Yes No <input type="checkbox"/> <input type="checkbox"/> Received a stipend or scholarship to cover any living, educational or vocational expenses <input type="checkbox"/> <input type="checkbox"/> There is at least one adult in the community, other than your caseworker, that you can go to for: <input type="checkbox"/> Emotional support <input type="checkbox"/> Job or school advice <input type="checkbox"/> <input type="checkbox"/> Referred to substance abuse treatment / counseling <input type="checkbox"/> <input type="checkbox"/> Attended substance abuse treatment / counseling <input type="checkbox"/> <input type="checkbox"/> Gave birth to or fathered a child <input type="checkbox"/> <input type="checkbox"/> Incarcerated or detained in a jail, prison or juvenile detention facility			

SERVICES RECEIVED DURING REPORT PERIOD (Calendar Year) (continued)

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance that covers physical and / or mental health care (Check one item only.)
		<input type="checkbox"/> Physical only
		<input type="checkbox"/> Mental health only
		<input type="checkbox"/> Both
		<input type="checkbox"/> Neither
<input type="checkbox"/>	<input type="checkbox"/>	Received all of the following documents: birth certificate, social security card, medical records and education records
<input type="checkbox"/>	<input type="checkbox"/>	Did not receive the above mentioned documents, but did receive information on how to obtain the documents
<input type="checkbox"/>	<input type="checkbox"/>	Currently has a savings, checking, or money market account or CD at a bank or credit union
<input type="checkbox"/>	<input type="checkbox"/>	Financial resources or support from any other source, excluding paid employment
		Youth's living arrangement(s) following discharge from Independent Living Program services - check all that apply.
		<input type="checkbox"/> Homeless
		<input type="checkbox"/> Adult correctional facility
		<input type="checkbox"/> Juvenile correctional facility
		<input type="checkbox"/> Living independent of agency maintenance
		<input type="checkbox"/> Subsidized housing
		<input type="checkbox"/> Parental home
		<input type="checkbox"/> Relative home
		<input type="checkbox"/> Non-relative home
		<input type="checkbox"/> Foster home
		<input type="checkbox"/> Adoptive home
		<input type="checkbox"/> Group home
		<input type="checkbox"/> Drug rehabilitation program
		<input type="checkbox"/> Mental health institution
		<input type="checkbox"/> Homeless or housing crisis
		<input type="checkbox"/> Child care institution
		<input type="checkbox"/> Supervised apartment / transitional housing
		<input type="checkbox"/> Temporary arrangement
		<input type="checkbox"/> Living independently
<input type="checkbox"/>	<input type="checkbox"/>	Youth is paying rent
<input type="checkbox"/>	<input type="checkbox"/>	Youth is receiving rent subsidy
<input type="checkbox"/>	<input type="checkbox"/>	Youth expects current housing to remain stable for at least one year